

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs. 7 mins.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		d. STREET ADDRESS (If rural, give location) <u>1213 S. Florence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Memorial Hosp</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Charles</u>		b. (Middle) <u>B.</u>	
c. (Last) <u>Martin</u>		Jan 12 1950	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1885</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Circuit Clerk</u>	
11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>County</u>		11b. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri</u>	
13a. FATHER'S NAME <u>Mahlon Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Vice</u>	
13c. NAME OF HUSBAND OR WIFE <u>Sylvia Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Martin</u>		ADDRESS <u>Kirkville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compression fracture of skull</u>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asphyxiation and concussion of brain</u>		18. Hours <u>18 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkville (Beaton) Adair, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:47 am</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/11</u> 19 <u>50</u> , to <u>1/12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/12</u> , 19 <u>50</u> , and that death occurred at <u>11:47 am</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. Samp</u>		23b. ADDRESS (Degree or title) <u>M.D. Kirkville, Missouri</u>	
23c. DATE SIGNED <u>1/12/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 15, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brashear Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brashear Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-15-50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Foster R. Easley</u>	
REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		ADDRESS <u>Brashear Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 23-1950  
District Health Officer No 10  
District File Number 1-50-165  
Date Filed JAN 23 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geoff Beasley Jr.

Licensed Embalmer No. 3755

P. O. Address Huddland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.